PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents F.O. Box 14-50 (mail to 2013).

P.O. Box 1450 Alexandria, Virginia 22313-1450 or <u>Fax</u> (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION IEE (for quaired). Blocks I through 5 should be completed where appropriate. All further correspondence including the Patent advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block I, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

Note: A certificate of mailing can only be used for domestic mailings of the

		Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.					
Motorola, Inc. Law Department 1303 East Algon		I i St ad tra	Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FIE address above, or being facsimale transmitted to the USFTO (571) 275-2865, on the date indicated below.				
3rd Floor Schaumburg, IL	60196					(Depositor's name)	
5							(Signature)
			L				(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.		CONFIRMATION NO.
10/648,622 TITLE OF INVENTION	08/25/2003 METHOD FOR PERF		Jon Claude Russell Benn STING OF NETWORK U			3056 03 ROTOCOL PACKI	4358 ETS
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUI	PREV. PAID ISSU	FEE TO	OTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0		\$1810	10/13/2010
EXAM	INER	ART UNIT	CLASS-SUBCLASS	7			
HAN, CLE	HAN, CLEMENCE S		370-252000	_			
I. Change of correspondence address or indication of Tec Address (27 PER 1.863). □ Change of correspondence address for Change of Correspondence Address form PTOS89122) attacked and the patient floor page, list (1) the annes of up to 1 registered patient attorneys a Change of Correspondence Address from PTOS89122) attacked of the PTOS.18437, Rec. 1842 (1) the annes of up to 1 registered patient attorneys or agent and the annes of up to 1 registered patient attorneys or agent and the annes of up to 2 the anne of a registered patient attorneys or agent and the annes of up to 2 the anne of a registered patient attorneys or agent and the annes of up to 2 the anne of a registered patient attorneys or agent and the annes of up to 2 the annes of a registered patient attorneys or agent and annes will be prainted. ASSIGNIES AME AND RESIDENCE DATA TO BE PRINTED ON THE PATTENT (point or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patient. If an assignee is identified below, the document has been filled if the patient of the patient of the patient of the patient attorneys or agent and the patient attorneys or agent. If no name is 2 the patient attorneys or agent attorneys or agent. If no name is 2 the patient attorneys or agent attorneys or agent. If no name is 2 the patient attorneys or agent attorneys or agent. If no name is 2 the patient attorneys or agent attorneys or agent. If no name is 2 the patient attorneys or agent attorneys or agent. If no name is 2 the patient attorneys or agent attorneys or agent. If no name is 2 the patient attorneys or agent attorneys or agent. If no name is 2 the patient attorneys or agent attorneys or agent. If no name is 2 the patient attorneys or agent attorneys or agent. If no name is 2 the patient attorneys or agent attorneys or agent. If no name is 2 the patient attorneys or agent attorneys or							
✓ Issue Fee ✓ Publication Fee (No small entity discount permitted) Advance Order - # of Copies ———————————————————————————————————			D. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) ☐ A check is enclosed. ☐ Payment by credit card. Form PTO-2038 is attached. ☐ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment. On Depoit Account Number 169278 (enclose an extra copy of this form).				
5. Change in Entity Stat	us (from status indicated SMALL ENTITY statu		☐ b. Applicant is no lo	none claiming SMA	LEMPTER	retains Sea 27 CE	P 1 27(a)(2)
- 11							assignee or other party in
Authorized Signature	/Larry T. Cullen/	Office.		er 12, 20			
Typed or printed name Larry T. Cullen				Registration No. 44,489			
This collection of inform an application. Confident submitting the completed this form and/or suggesti Box 1450, Alexandria, V Alexandria, Virginia 223	ation is required by 37 C iality is governed by 35 application form to the ons for reducing this bu- irginia 22313-1450. DC 13-1450.	FR 1.311. The informatis U.S.C. 122 and 37 CFR USPTO. Time will vary rden, should be sent to the ONOT SEND FEES OR	on is required to obtain on 1.14. This collection is of depending upon the ind e Chief Information OfficompleTED FORMS	retain a benefit by t stimated to take 12 ividual case. Any co cer, U.S. Patent and TO THIS ADDRESS	he public w minutes to c mments on Trademark S. SEND TO	hich is to file (and complete, including the amount of tim Office, U.S. Depa D: Commissioner for	by the USPTO to process) gathering, preparing, and te you require to complete timent of Commerce, P.O. or Patents, P.O. Box 1450,

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.